



STATE OF ILLINOIS, DEPARTMENT OF LABOR
FAIR LABOR STANDARDS DIVISION
160 NORTH LASALLE STREET, SUITE C-1300
CHICAGO, ILLINOIS 60601
DOL.WAGES@ILLINOIS.GOV

LETTER OF APPEARANCE
CASE NUMBER _____

I, _____, an attorney, hereby enter my appearance on behalf
of _____ in the above referenced case. I further agree to
accept service of all documents on behalf of _____ in this matter.

Name _____

Firm Name _____

Firm Address _____

Phone Number _____

Email Address _____

I understand it is the Department's policy to correspond and serve document by electronic mail (e-mail).

I agree to accept service of all documents in this matter by electronic mail at the e-mail address set forth above.

**By accepting and submitting this form, I affirm and certify that all information
provided and the statements made herein are true, correct, and complete.**

Signature _____

Date _____